

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SOYBEAN VARIETY XB06H04
Attorney Docket Number::	1793
Request for Early Publication?::	Yes
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity::	
Petition included?::	
Secrecy Order in Parent Appl.?::	

### **Applicant Information:**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Martin
Middle Name::	Arthur
Family Name::	Fabrizius

City of Residence:: Redwood Falls  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 321 E Broadway Street  
City of mailing address:: Redwood Falls  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 56283

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Thomas  
Family Name:: Roach  
City of Residence:: Redwood Falls  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 703 East Fifth Street  
City of mailing address:: Redwood Falls  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 56283

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: John  
Family Name:: Gebhardt  
City of Residence:: Apple Valley

State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 13919 Ember Way  
City of mailing address:: Apple Valley  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55124

**Correspondence Information**

Correspondence Customer Number:: 27310

**Representative Information**

Representative Customer Number:: 27310

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Assignee Information**

Assignee Name:: Pioneer Hi-Bred International, Inc.